

Federal Election Commission

Washington, DC

re: C00534016

Sir or Madam,

RECEIVED  
FEC MAIL CENTER  
2015 JUL 24 AM 11:44

July 15, 2015

Our PAC has never become operational, and we still have not received or dispursed any Funds.

As in past FEC reports, I have entered "Zeros" in the appropriate boxes.

We plan to shut down the PAC soon, and will take appropriate measures, as described on your website.

yours very truly,

John Hilt, treasurer

John Hilt

312-671-0909

jhilt95@yahoo.com

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2015 JUL 24 AM 11:44

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Exposing Marxists PAC

ADDRESS (number and street)

1503 W. Happyfield Drive



Check if different  
than previously  
reported. (ACC)

Apt. 203

Arlington Heights, IL

IL

60004-7119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00534016

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



in the  
State of



5. Covering Period

04

01

2015

through

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John P. Hilt

Signature of Treasurer

*John P. Hilt*

Date

07

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**

Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Exposing Marxists PAC

Report Covering the Period:

From:

04 01 2015

To:

06 30 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		0000
(b) Cash on Hand at Beginning of Reporting Period.....	0000	
(c) Total Receipts (from Line 19) .....	0000	0000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	0000	0000
7. Total Disbursements (from Line 31) .....	0000	0000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	0000	0000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Exposing Marxists PAC

Report Covering the Period:

From:

04 01 2015

To:

06 30 2015

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

### 11. Contributions (other than loans) From:

#### (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

### 12. Transfers From Affiliated/Other

Party Committees.....

### 13. All Loans Received.....

### 14. Loan Repayments Received.....

### 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

### 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

### 17. Other Federal Receipts

(Dividends, Interest, etc.).....

### 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

### 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

### 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0000	0000
(ii) Non-Federal Share .....	0000	0000
(b) Other Federal Operating Expenditures .....	0000	0000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0000	0000
22. Transfers to Affiliated/Other Party Committees .....	0000	0000
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0000	0000
24. Independent Expenditures (use Schedule E) .....	0000	0000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0000	0000
26. Loan Repayments Made .....	0000	0000
27. Loans Made .....	0000	0000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0000	0000
(b) Political Party Committees .....	0000	0000
(c) Other Political Committees (such as PACs) .....	0000	0000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0000	0000
29. Other Disbursements .....	0000	0000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0000	0000
(ii) "Levin" Share .....	0000	0000
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0000	0000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0000	0000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0000	0000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0000	0000

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0000	0000
34. Total Contribution Refunds (from Line 28(d)) .....	0000	0000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0000	0000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0000	0000
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0000	0000
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0000	0000

20150724 03:00:11-10

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

00.00  
00.00

2015-07-24 03:00:00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

/  /

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

/  /

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

/  /

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0000

0000

2015-07-24 03:00:14Z



**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE      OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Exposing Marxists PAC</i>		
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>
TERMS		
Date Incurred	Date Due	Interest Rate      Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr) <input type="checkbox"/> Yes <input type="checkbox"/> No
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State      ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State      ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State      ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State      ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
SUBTOTALS This Period This Page (optional) ..... ▶ <input type="text"/>		
TOTALS This Period (last page in this line only) ..... ▶ <input type="text"/>		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

2015-07-24 03:00:11

# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>Exposing Marxists PAC</i>		FEC IDENTIFICATION NUMBER <i>C00534016</i>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
City	State	Zip Code	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
Title			

2015-07-24 03:00:00

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate  
 schedule(s)  
 for each  
 numbered line)

PAGE OF  
 FOR LINE NUMBER:  
 (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

- 1) SUBTOTALS This Period This Page (optional)..... ▶
- 2) TOTALS This Period (last page this line number only)..... ▶
- 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ▶
- 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

00.00
00.00
00.00
00.00

2015-07-24-03:00:11AM

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">Exposing Marxists PAC</div>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C00534016</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President    State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President    State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0000
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0000
(c) TOTAL Independent Expenditures.....	0000

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

07 / 15 / 2015

2015-07-24 03:00 PM

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) <i>Exposing Marxists PAC</i>			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee	
		Mailing Address	
		City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>		Amount <input type="text"/>	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>		Amount <input type="text"/>	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<input type="checkbox"/> Category/ Type
Mailing Address		Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City	State Zip Code		
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____	District: _____
Aggregate General Election Expenditure for this Candidate ▶ <input type="text"/>		Amount <input type="text"/>	

SUBTOTAL of Expenditures This Page (optional).....▶		<input type="text"/> 00.00
TOTAL This Period (last page this line number only).....▶		<input type="text"/> 00.00

2015-07-24 03:00:11 PM

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Exposing Marxists PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐  
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Exposing Marxists PAC

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

ACTIVITY IS:

☐ Fundraising ☐ Direct Candidate Support

CHECK IF THE RATIO IS:

☐ New ☐ Revised ☐ Same as Previously Reported

FEDERAL %

%

NONFEDERAL %

%

2015-07-24 03:00:11 AM

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

NAME OF ACCOUNT

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

2015-07-24 03:00 PM



# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE   OF    
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

2015-07-24 03:00:11 PM

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

2015-07-24 03:00:00 PM

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)  
*Exposing Marxists PAC*

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/Type	Date
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	TOTAL AMOUNT
TOTAL This Period for the Levin Share			

2015-07-24 03:00:11 AM

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....		
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
5. OTHER DISBURSEMENTS .....		
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)		
8. RECEIPTS ..... (from Line 3)		
9. SUBTOTAL ..... (Add Lines 7 and 8)		
10. DISBURSEMENTS ..... (From Line 6)		
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)		

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**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

*Exposing Marxists PA*

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Amount

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Amount

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Amount

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

Amount

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Amount

Occupation

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

Amount

2015-07-24 00:00:00

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

*Exposing Marxists PAC*

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

E.

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

Mailing Address

MM	DD	YYYY
----	----	------

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

SUBTOTAL of Disbursements This Page (optional).....▶

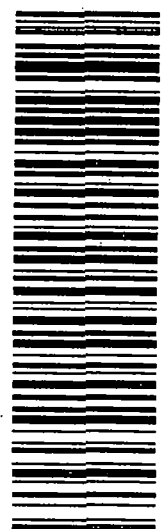
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